

LINDA LINGLE  
GOVERNOR



PROCUREMENT POLICY BOARD  
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AARON S. FUJIOKA  
ADMINISTRATOR

**STATE OF HAWAII  
STATE PROCUREMENT OFFICE**

P.O. Box 119  
Honolulu, Hawaii 96810-0119  
Tel: (808) 587-4700 Fax: (808) 587-4703  
www.spo.hawaii.gov

December 5, 2003

**PROCUREMENT DIRECTIVE NO. 2003-06**

**TO:** All Chief Procurement Officers  
All Executive Department Heads

**FROM:** Aaron S. Fujioka, Administrator  
State Procurement Office

A handwritten signature in black ink, appearing to read "Aaron S. Fujioka", written over the "FROM:" line.

**SUBJECT:** Implementation of §3-122-112, HAR, and Chapter 3-122, HAR, (Interim)

The purpose of this directive is to:

1. Rescind Procurement Directives No.:
  - 2002-02, dated July 24, 2002;
  - 2002-02, Amendment 1, dated June 27, 2003; and
  - 2003-03, dated July 14, 2003;
2. Provide implementation guidance for §3-122-112, HAR; and
3. Summarize the changes to the attached Chapter 3-122, HAR, (Interim).

**IMPLEMENTATION GUIDANCE FOR §3-122-112, HAR:**

An offeror who is registered and is incorporated or organized under the laws of the State of Hawaii is referred to as a "**Hawaii business**". However, an offeror **not** incorporated or organized under the laws of the State of Hawaii, but is registered to do business in the State of Hawaii and complies with or is exempt from the requirements of §3-122-112, HAR, is referred to as a "**compliant non-Hawaii business**".

If an Offeror is a non-Hawaii business and is not registered with DCCA Business Registration Division (BREG), or cannot comply with §3-122-112, HAR, then the Offeror is non-compliant and shall be ineligible for an award.

Upon award of a contract under §§103D-302, 103D-303, 103D-304, or 103D-306, HRS, offeror will be required to obtain "certificates" from the:

- Department of Taxation (DOTAX),
- Department of Labor and Industrial Relations (DLIR), and
- Department of Commerce and Consumer Affairs (DCCA), Business Registration Division (BREG).

1. The "certificates" are optional for small purchase awards under §§103D-304 and 103D-305, HRS.
2. A sole proprietorship is exempt from submitting the DCCA, BREG "Certificate of Good Standing."
3. For final payment, the contractor shall submit a tax clearance certificate and an original copy of the "Certification of Compliance for Final Payment" (SPO Form-22) attesting that the contractor is still in compliance with the law. The requirements for a tax clearance certificate for award and final payment have not changed.
4. Chapter 3-122, HAR (Interim) includes the amended §3-122-112, is effective November 15, 2003. Any procurement advertised July 1, 2003 or later, and awarded on or after the effective date of November 15, 2003, shall comply with §3-122-112. With the exception of the tax clearance certificate requirement, this section does not apply to solicitations advertised (newspaper) prior to July 1, 2003.
5. Attached are copies of:
  - a. An Offer Form and Special Provisions for use by your purchasing agencies, including a diskette. Please note that the offer form and special provisions were revised from what was presented at the workshops on November 20 and 24, 2003;
  - b. DOTAX Form A-6 "Tax clearance Application";
  - c. DLIR Form LIR#27 "Application for Certificate of Compliance with Section 3-122-112, HAR". Please note this form has also been revised;
  - d. DCCA, BREG, Sample "Certificates of Good Standing"; and
  - e. SPO Form-22 "Certification of Compliance for Final Payment".

**SUMMARY OF CHANGES TO CHAPTER 3-122, HAR, (INTERIM):**

1. Subchapter 4, in addition to title change to Methods of Source Selection and General Guidance, is amended to include:
  - a. New general guidance sections, replacing sections repealed from subchapters 5, 6, and 7;
  - b. A new source selection method for federal grants (subchapter 4.5); and
  - c. A new subchapter for the multi-step competitive sealed bidding process (subchapter 6.5), replacing the repealed §3-122-22 from subchapter 5.
2. Subchapter 6 is amended to include:
  - a. A new §3-122-45.01, Evaluation committee, expanding on repealed §3-122-52(a);
  - b. A requirement in §3-122-52(b) that all proposals shall be evaluated using a numerical rating system;
  - c. The repeal of §3-122-55, Mistakes in proposals, since the competitive sealed proposals process is conducive to handling mistakes; and
  - d. A new §3-122-60, Debriefing, for debriefing non-selected offerors of the basis for the award.

3. Created a new subchapter 6.5 for multi-step competitive sealed bidding. The process mirrors the competitive sealed bidding process (subchapter 5) in the first phase and the competitive sealed proposals process (subchapter 6) in the second phase.
4. Subchapter 7 is amended to include:
  - a. A new §3-122-69, Review and selection committees, that prohibits deputy directors or equivalent positions to serve on review or selection committees;
  - b. A new §3-122-70, Debriefing, for debriefing providers of the basis for non-selection; and
  - c. The deletion of the requirement for cost or pricing data for emergency procurements in §3-122-90.
5. Subchapter 13 is amended by the newly created §3-122-112, Responsibility of offerors. Implementation of §3-122-112 is explained above.
6. Subchapter 15, Section 3-122-123, is amended to allow the procurement officer, at its option, to require cost or pricing data for subchapter 7 professional services.
7. Also attached to this directive is a SPO Form-24, "Affidavit of Nongovernmental Employee Serving on an Evaluation, Review, or Selection Committee" to be used for §§3-122-45.01 and 3-122-69, HAR.

This Procurement Directive and attachments are available at the SPO website, <http://www.spo.hawaii.gov/>, or the direct link at [http://www2.hawaii.gov/spo/procapps/procurement\\_directives.cfm](http://www2.hawaii.gov/spo/procapps/procurement_directives.cfm).

Any questions on the rules or special provisions may be directed to me at 587-4700 or SPO staff at 586-0554. Specific questions regarding the processing of the applications and certificates should be directed to the appropriate department.

#### Attachments

cc: Mr. Wayne Horie, DAGS, Accounting Division

**[Title of IFB or RFP]  
[Solicitation No.]**

Procurement Officer  
[State Procurement Office]  
State of Hawaii  
Honolulu, Hawaii 96813

Dear Sir:

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions attached hereto, and in the [General Conditions, Form AG2-GC(1/01)], by reference made a part hereof and available upon request; and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning thereof. The undersigned further understands and agrees that by submitting this offer, 1) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

The undersigned represents: **(Check ☒ one only)**

- ☐ A **Hawaii business** incorporated or organized under the laws of the State of Hawaii; **OR**  
☐ A **Compliant Non-Hawaii business** not incorporated or organized under the laws of the State of Hawaii, but registered at the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division to do business in the State of Hawaii.

State of incorporation: \_\_\_\_\_

Offeror is:

- ☐ Sole Proprietor    ☐ Partnership    ☐ Corporation    ☐ Joint Venture  
☐ Other \_\_\_\_\_

Federal I.D. No.: \_\_\_\_\_

Hawaii General Excise Tax License I.D. No.: \_\_\_\_\_

Payment address (other than street address below): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business address (street address): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Respectfully submitted:

(x) \_\_\_\_\_  
 Authorized (Original) Signature

Date: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

\_\_\_\_\_  
 Name and Title (Please Type or Print)

Fax No.: \_\_\_\_\_

\* \_\_\_\_\_  
**Exact Legal Name of Company (Offeror)**

E-mail Address: \_\_\_\_\_

\*If Offeror is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed:  
 \_\_\_\_\_

11/25/03

## **RESPONSIBILITY OF OFFERORS**

Offeror is advised that if awarded a contract under this solicitation, Offeror shall, upon award of the contract, furnish proof of compliance with the requirements of §3-122-112, HAR:

1. Chapter 237, tax clearance;
2. Chapter 383, unemployment insurance;
3. Chapter 386, workers' compensation;
4. Chapter 392, temporary disability insurance;
5. Chapter 393, prepaid health care; and
6. One of the following:
  - a. Be registered and incorporated or organized under the laws of the State (hereinafter referred to as a "Hawaii business"); **or**
  - b. Be registered to do business in the State. (hereinafter referred to as a "compliant non-Hawaii business").

Refer to the Method of Award provision herein for instructions on furnishing the documents that are acceptable to the State as proof of compliance with the above-mentioned requirements.

## METHOD OF AWARD

Reference Responsibility of Offerors in §3-122-112, HAR. Offeror shall produce documents to the procurement officer to demonstrate compliance with this section.

**HRS Chapter 237 tax clearance requirement for award and final payment.**  
Instructions are as follows:

Pursuant to §103D-328, HRS, successful Offeror shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate is valid for six (6) months from the most recent approval stamp date on the certificate and must be valid on the date it is received by the purchasing agency.

The tax clearance certificate shall be obtained on the State of Hawaii, DOTAX *TAX CLEARANCE APPLICATION* Form A-6 (Rev. 2003) which is available at the DOTAX and IRS offices in the State of Hawaii or the DOTAX website, and by mail or fax:

DOTAX Website (Forms & Information): <http://www.state.hi.us/tax/alphalist.html#a>  
DOTAX Forms by Fax/Mail: (808) 587-7572  
1-800-222-7572

Completed tax clearance applications may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch, to the address listed on the application. Facsimile numbers are:

DOTAX: (808) 587-1488  
IRS: (808) 539-1573

The application for the clearance is the responsibility of the Offeror, and must be submitted directly to the DOTAX or IRS and not to the purchasing agency.

Contractor is required to submit a tax clearance certificate for final payment on the contract. A tax clearance certificate, not over two months old, with an original green certified copy stamp, must accompany the invoice for final payment on the contract.

**HRS Chapters 383 (Unemployment Insurance), 386 (Workers' Compensation), 392 (Temporary Disability Insurance), and 393 (Prepaid Health Care) requirements for award.** Instructions are as follows:

Pursuant to §103D-310(c), HRS, successful Offeror shall be required to submit an approved certificate of compliance issued by the Hawaii State Department of Labor and Industrial Relations (DLIR). The certificate is valid for six (6) months from the date of issue and must be valid on the date it is received by the purchasing agency.

The certificate of compliance shall be obtained on the State of Hawaii, DLIR *APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR*, Form LIR#27 which is available at [www.dlir.state.hi.us/LIR#27](http://www.dlir.state.hi.us/LIR#27), or at the neighbor island DLIR District Offices. The DLIR will return the form to the Offeror who in turn shall submit it to the purchasing agency.

The application for the certificate is the responsibility of the Offeror, and must be submitted directly to the DLIR and not to the purchasing agency.

**Requirement for award.** To be eligible for award, the Offeror must comply as follows:

**Hawaii business.** A business entity referred to as a “Hawaii business”, is registered and incorporated or organized under the laws of the State of Hawaii. As evidence of compliance, Offeror shall submit a *CERTIFICATE OF GOOD STANDING* issued by the Department of Commerce and Consumer Affairs Business Registration Division (BREG). A Hawaii business that is a sole proprietorship, however, is not required to register with the BREG, and therefore not required to submit the certificate. An Offeror’s status as sole proprietor or other business entity and its business street address indicated on the Offer Form page OF-1 will be used to confirm that the Offeror is a Hawaii business.

**Compliant non-Hawaii business.** A business entity referred to as a “compliant non-Hawaii business,” is not incorporated or organized under the laws of the State of Hawaii but is registered to do business in the State. As evidence of compliance, Offeror shall submit a *CERTIFICATE OF GOOD STANDING*.

To obtain a *CERTIFICATE OF GOOD STANDING* go online to [www.BusinessRegistrations.com](http://www.BusinessRegistrations.com) and follow the prompt instructions. To register or to obtain a “Certificate of Good Standing” by phone, call (808) 586-2727 (M-F 7:45 to 4:30 HST). The “Certificate of Good Standing” is valid for six months from date of issue and must be valid on the date it is received by the purchasing agency. Offerors are advised that there are costs associated with registering and obtaining a “Certificate of Good Standing” from the DCCA.

**Timely Submission of all Certificates.** The above certificates should be applied for and submitted to the purchasing agency as soon as possible. If a valid certificate is not submitted on a timely basis for award of a contract, an offer otherwise responsive and responsible may not receive the award.

**Final Payment Requirements.** In addition to a tax clearance certificate an original “Certification of Compliance for Final Payment” (SPO Form-22), attached, will be required for final payment. A copy of the Form is also available at [www.spo.hawaii.gov](http://www.spo.hawaii.gov). Select “Forms for Vendors/Contractors” from the Chapter 103D, HRS, pop-up menu.

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**TAX CLEARANCE APPLICATION**  
PLEASE TYPE OR PRINT CLEARLY

**1. APPLICANT INFORMATION:**

(PLEASE PRINT CLEARLY)

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

DBA/Trade Name \_\_\_\_\_

**2. TAX IDENTIFICATION NUMBER(S):** (Complete applicable ID numbers)

HAWAII GENERAL EXCISE ID # \_\_\_\_\_

FEDERAL EMPLOYER ID # \_\_\_\_\_ - \_\_\_\_\_

(FEIN)

SOCIAL SECURITY #(SSN) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**3. APPLICANT IS A/AN:** (CHECK ONLY ONE BOX)

- ☐ CORPORATION ☐ S CORPORATION ☐ TAX EXEMPT ORGANIZATION  
☐ INDIVIDUAL ☐ PARTNERSHIP ☐ ESTATE ☐ TRUST  
☐ LIMITED LIABILITY COMPANY ☐ LIMITED LIABILITY PARTNERSHIP  
☐ Single Member LLC disregarded as separate from owner; enter owner's FEIN/SSN \_\_\_\_\_

**4. THE TAX CLEARANCE IS REQUIRED FOR:**

- ☐ CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII \* ☐ LIQUOR LICENSE \*  
☐ REAL ESTATE LICENSE ☐ CONTRACTOR LICENSE ☐ BULK SALES  
☐ FINANCIAL CLOSING ☐ PROGRESS PAYMENT ☐ PERSONAL  
☐ HAWAII STATE RESIDENCY ☐ FEDERAL CONTRACT ☐ LOAN  
☐ SUBCONTRACT ☐ OTHER \_\_\_\_\_

\* IRS APPROVAL STAMP IS ONLY FOR PURPOSES INDICATED BY ASTERISK.

**5. NO. OF CERTIFIED COPIES REQUESTED:**

**6. SIGNATURE:**

PRINT NAME

PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor

SIGNATURE

DATE

( ) -  
TELEPHONE

( ) -  
FAX

**POWER OF ATTORNEY.** If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required. Applications submitted without proper authorization will be sent to the address of record with the taxing authority. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

**PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.**

**SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS.** Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

FOR OFFICE USE ONLY

BUSINESS START DATE IN HAWAII  
IF APPLICABLE  
/ /

HAWAII RETURNS FILED  
IF APPLICABLE  
19\_\_\_\_ 19\_\_\_\_

STATE APPROVAL STAMP

\*IRS APPROVAL STAMP

CERTIFIED COPY STAMP



7. **CITY, COUNTY, OR STATE GOVERNMENT CONTRACT:** ☐ Bid/Entering Into a Contract ☐ Completion/Final Payment  
For completion/final payment of contract, please provide the name and telephone number of the contact person at the State or County Agency.  
Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

8. **LIQUOR LICENSING:** ☐ Initial ☐ Renewal ☐ Transfer-Seller ☐ Transfer-Buyer ☐ Special Event

9. **CONTRACTOR LICENSING:** ☐ Initial ☐ Renewal

10. **STATE RESIDENCY:** DATE APPLICANT ARRIVED IN HAWAII \_\_\_\_\_

11. **ACCOUNTING PERIOD:** ☐ Calendar year ☐ Fiscal year ending \_\_\_\_\_  
(MM/DD)

12. **TAX EXEMPT ORGANIZATION:**

A) Provide the Internal Revenue Code Section that applies to your exemption. \_\_\_\_\_

B) Does your organization file federal Form 990-T, Exempt Organization Business Income Tax Return? ☐ YES ☐ NO

13. **CORPORATION:** Parent's Corporation Name \_\_\_\_\_ FEIN \_\_\_\_\_

14. **INDIVIDUAL:** Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_

15. **IF YOU DO NOT HAVE A GENERAL EXCISE TAX LICENSE AND REQUIRE A TAX CLEARANCE FOR A GOVERNMENT CONTRACT:**

A) Has your firm had any business income in Hawaii prior to the Bid? ☐ YES ☐ NO

B) Does your firm have an office, inventory, property, employees, or other representatives in the State of Hawaii? ☐ YES ☐ NO

C) Has your firm provided any services within the State of Hawaii? ☐ YES ☐ NO

16. **FILING THE APPLICATION FOR TAX CLEARANCE:**

The completed application may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch. Applications which require an Internal Revenue Service Tax Clearance will be forwarded to the Internal Revenue Service after processing is completed by the Department of Taxation. Allow up to 10 to 15 business days for processing between the Department of Taxation and the Internal Revenue Service.

State Dept. of Taxation  
TAXPAYER SERVICES BRANCH  
P.O. BOX 259  
HONOLULU, HI 96809-0259  
TELEPHONE NO.: 808-587-4242  
TOLL FREE: 1-800-222-3229  
FAX NO.: 808-587-1488  
or  
830 PUNCHBOWL STREET  
HONOLULU, HI 96813-5094

Internal Revenue Service  
WAGE & INVESTMENT DIVISION  
-TC M/S H214  
FIELD ASSISTANCE GROUP 174  
300 ALA MOANA BLVD., #50089  
HONOLULU, HI 96850  
TELEPHONE NO.: 808-539-1555  
FAX NO.: 808-539-1573  
or  
TAXPAYER ASSISTANCE CENTER  
HONOLULU:  
300 ALA MOANA BLVD., RM 1-128

Applications are available at Department of Taxation and IRS offices in Hawaii, and may also be requested by calling the Department of Taxation's Forms By Fax/Mail request line on Oahu at 808-587-7572 or toll-free at 1-800-222-7572. The Tax Clearance Application, Form A-6, can be downloaded from the Department of Taxation's website ([www.state.hi.us/tax](http://www.state.hi.us/tax)).

----- FOR OFFICE USE ONLY -----

TYPE OF TAX	TAX RETURNS FILED STATUS	Clerk's Initials	ITEMS RECEIVED
INCOME			
GENERAL EXCISE/USE			
HAWAII WITHHOLDING			
TRANSIENT ACCOMMODATIONS			
RENTAL MOTOR /TOUR VEHICLE			
UNEMPLOYMENT INSURANCE			
OTHER TAXES			

**STATE OF HAWAII**  
**DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS**  
**APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR**

**1. APPLICANT INFORMATION: (Please Type or Print Clearly)**

\*Applicant's Business Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

DBA/Trade Name \_\_\_\_\_

\* Business name must be the same name submitted with the applicant's bid or proposal.

**2. IDENTIFICATION NUMBER(S): (Complete Applicable ID Numbers)**

Department of Labor ID# \_\_\_\_\_

Federal Employer ID# (FEIN) \_\_\_\_\_

**3. APPLICANT IS: (Check Only One Box)**

- ☐ CORPORATION    ☐ S CORPORATION    ☐ TAX EXEMPT ORGANIZATION
- ☐ INDIVIDUAL (SOLE PROPRIETOR)    ☐ PARTNERSHIP    ☐ ESTATE    ☐ TRUST
- ☐ LIMITED LIABILITY COMPANY    ☐ LIMITED LIABILITY PARTNERSHIP
- ☐ SINGLE MEMBER LLC WHO IS SEPARATE FROM OWNER (ENTER FEIN)

**4. EMPLOYEES:**

(a) Do you currently have any employees performing services in the State of Hawaii?

☐ YES    ☐ NO\*

\*If answered "no", please complete question 4(b).

(b) Will you in the future have any employees performing services in the State of Hawaii?

☐ YES\*    ☐ NO

\*If answered "yes", please complete below.

**Date of Employment** \_\_\_\_\_

**Scope of Services** \_\_\_\_\_

**Length of Employment** \_\_\_\_\_

**NOTE: If this application is stamped "PENDING", another LIR#27 must be submitted when employees are performing services in the State to determine compliance with the State of Hawaii labor laws. Approvals by both divisions constitute a certificate of compliance with labor laws based on information available to the department as of the approval dates. THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.**

FOR OFFICE USE ONLY

BUSINESS START DATE IN HAWAII  
IF APPLICABLE

/    /

DLIR Log No. \_\_\_\_\_

Date Received \_\_\_\_\_

Unemployment Insurance Division  
Approval Stamp

Disability Compensation Division  
Approval Stamp

**UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.****PLEASE TYPE OR PRINT CLEARLY.****SEE BELOW FOR FILING INSTRUCTIONS. Failure to provide above required information on this application will result in a denial of this request.****5. SIGNATURE:**\_\_\_\_\_  
PRINT NAME  
Executor\_\_\_\_\_  
PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee,\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE\_\_\_\_\_  
TELEPHONE\_\_\_\_\_  
FAX**FILING INSTRUCTIONS FOR THE  
CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR**Applications are available at the addresses below and can be downloaded from the Department of Labor and Industrial Relations website ([www.dlir.state.hi.us/LIR#27](http://www.dlir.state.hi.us/LIR#27)).**SUBMIT** (mail, fax, or deliver) completed application **only to** the Department of Labor and Industrial Relations, **ADMINISTRATIVE SERVICES OFFICE\***. Allow up to 7 business days for processing.

* Administrative Services Office 830 Punchbowl St., Rm. 309 Honolulu, HI 96813 Ph: (808) 586-8888 Fax: (808) 586-8899	Unemployment Insurance Division 830 Punchbowl St., Rm. 437 Honolulu, HI 96813 Ph: (808) 586-8913 or 586-8914 Fax: (808) 586-8929	Disability Compensation Division 830 Punchbowl St., Rm. 209 Honolulu, HI 96813 Ph: (808) 586-9161 Fax: (808) 586-9219
East Hawaii District Office 75 Aupuni St., #108 Hilo, HI 96720 Ph: (808) 974-6464 Fax: (808) 974-6460	West Hawaii District Office Ashikawa Building 81-990 Halekii St., #2087 Kealahakua, HI 96750 Ph: (808) 322-4808 Fax: (808) 322-4813	
Maui District Office 2264 Aupuni St. Wailuku, HI 96793 Ph: (808) 984-2078 Fax: (808) 984-2071	Kauai District Office 3060 Eiwa St., #202 Lihue, HI 96766 Ph: (808) 274-3351 Fax: (808) 274-3355	



COPI

## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

<<NAME OF DOMESTIC PROFIT CORPORATION>>

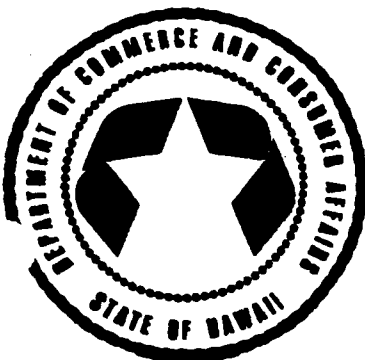
was incorporated under the laws of the State of Hawaii on 09/18/2000 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 12, 2003

*Maui E. Rechtenwald*

Director of Commerce and Consumer Affairs





## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs  
of the State of Hawaii, do hereby certify that

<<NAME OF DOMESTIC NONPROFIT CORPORATION>>

was incorporated under the laws of Hawaii on 06/20/2003 ;  
that it is an existing nonprofit corporation; and that,  
as far as the records of this Department reveal, has complied  
with all of the provisions of the Hawaii Nonprofit Corporation  
Act, regulating domestic nonprofit corporation.

IN WITNESS WHEREOF, I have hereunto set  
my hand and affixed the seal of the  
Department of Commerce and Consumer  
Affairs, at Honolulu, Hawaii.

Dated: September 12, 2003

*Mark E. Reichenwald*

Director of Commerce and Consumer Affairs





copy

## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

<<NAME OF FOREIGN PROFIT CORPORATION>>

incorporated under the laws of CANADA

was duly registered to do business in Hawaii as a foreign corporation on 04/04/2003 , and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Business Corporation Act, regulating foreign profit corporations.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 12, 2003

*Mal E. Rechtsenwald*

Director of Commerce and Consumer Affairs





## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

<<NAME OF FOREIGN NONPROFIT CORPORATION>>

incorporated under the laws of Nevada

was duly registered to do business in Hawaii as a foreign nonprofit corporation on 06/03/2002, and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporation Act, regulating foreign nonprofit corporations.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 12, 2003

*Maui E. Rechtenwald*

Director of Commerce and Consumer Affairs





COPIES

## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

<<NAME OF GENERAL DOMESTIC PARTNERSHIP>>

is a general partnership that was organized on 04/07/2003 ; and was registered in this Department on 04/16/2003, in accordance with the requirements of Chapter 425, Hawaii Revised Statutes; and that the said partnership is in good standing.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 12, 2003

*Mark E. Reichenwald*

Director of Commerce and Consumer Affairs







## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs  
of the State of Hawaii, do hereby certify that

<<NAME OF GENERAL FOREIGN PARTNERSHIP>>

formed under the laws of New York

was registered in Hawaii on 07/10/2002 , and that, as far as  
the records of this Department reveal, has complied with all  
of the provisions of Chapter 425, Hawaii Revised Statutes,  
regulating foreign general partnerships.

IN WITNESS WHEREOF, I have hereunto set  
my hand and affixed the seal of the  
Department of Commerce and Consumer  
Affairs, at Honolulu, Hawaii.

Dated: September 12, 2003

*Maile E. Reichenwald*

Director of Commerce and Consumer Affairs





## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

<<NAME OF DOMESTIC LIMITED PARTNERSHIP>>

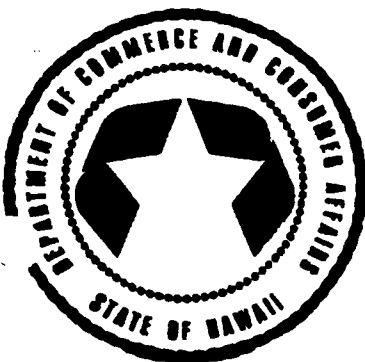
was formed under the laws of Hawaii on 07/25/2002 ; that it is an existing limited partnership in good standing, and is duly authorized to transact business.

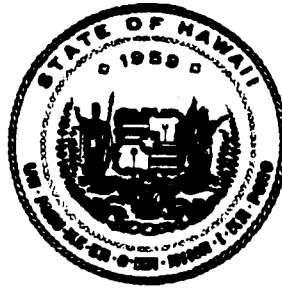
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 12, 2003

*Mark E. Reichenwald*

Director of Commerce and Consumer Affairs





## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

<<NAME OF FOREIGN LIMITED PARTNERSHIP>>

formed under the laws of California

was registered in Hawaii on 02/13/2003 , and that, as far as the records of this Department reveal, has complied with all of the provisions of Chapter 425D, Hawaii Revised Statutes, regulating foreign limited partnerships.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 12, 2003

*Maui E. Reichenwald*

Director of Commerce and Consumer Affairs





## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

<<NAME OF DOMESTIC LIMITED LIABILITY PARTNERSHIP>>

was registered under the laws of the State of Hawaii on 02/14/2003 ; that it is an existing limited liability partnership in good standing and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 12, 2003

*Maile E. Reichenwald*

Director of Commerce and Consumer Affairs





## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

<<NAME OF FOREIGN LIMITED LIABILITY PARTNERSHIP>>

registered under the laws of Delaware

was duly registered to do business in Hawaii as a foreign limited liability partnership on 07/15/2003, and that, as far as the records of this Department reveal, has complied with all of the provisions of Chapter 425, Hawaii Revised Statutes, regulating foreign limited liability partnerships.

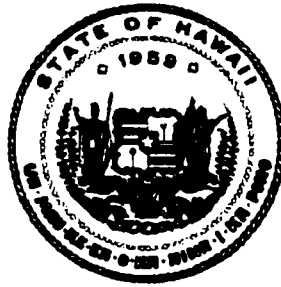
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 12, 2003

*Mal E. Rechtsenwald*

Director of Commerce and Consumer Affairs





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## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

<<NAME OF DOMESTIC LIMITED LIABILITY COMPANY>>

was organized under the laws of the State of Hawaii on 01/10/2003 ; that it is an existing limited liability company in good standing and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 12, 2003

*Mal E. Reichenwald*

Director of Commerce and Consumer Affairs





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## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

<<NAME OF FOREIGN LIMITED LIABILITY COMPANY>>

organized under the laws of Minnesota

was duly registered to do business in Hawaii as a foreign limited liability company on 08/21/2002, and that, as far as the records of this Department reveal, has complied with all of the provisions of Chapter 428, Hawaii Revised Statutes, regulating foreign limited liability companies.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 12, 2003

*Maui E. Rechtenwald*

Director of Commerce and Consumer Affairs



**Reference:** \_\_\_\_\_  
(Contract Number) \_\_\_\_\_ (IFB/RFP Number)

1. Chapter 383, HRS, Hawaii employment Security Law – Unemployment Insurance;
2. Chapter 386, HRS, Worker’s Compensation Law;
3. Chapter 392, HRS, Temporary Disability Insurance;
4. Chapter 393, HRS, Prepaid Health Care Act; and

Moreover, \_\_\_\_\_  
(Company Name)  
acknowledges that making a false statement shall cause its suspension and may cause its  
debarment from future awards of contracts.

Date: \_\_\_\_\_